



MISSOURI DEPARTMENT OF REVENUE
MOTOR VEHICLE ACCIDENT REPORT

BUREAU CASE NUMBER

ACCIDENT DATE	TIME <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	NUMBER OF VEHICLES INVOLVED	STATE IN WHICH ACCIDENT OCCURRED
ACCIDENT LOCATION - STREET NAME OR HIGHWAY NUMBER		AT OR NEAR INTERSECTION	COUNTY
WAS A POLICE REPORT MADE ON THIS ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHAT POLICE AGENCY MADE THE REPORT	

LIABILITY INSURANCE INFORMATION: IF ANY OF THIS INFORMATION IS INCOMPLETE, YOU WILL BE CONSIDERED UNINSURED FOR THIS ACCIDENT.

AT THE TIME OF THE ACCIDENT, WAS YOUR VEHICLE COVERED BY PROPERTY AND BODILY INJURY LIABILITY INSURANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	INSURANCE COMPANY	INSURANCE POLICY NO.
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YOUR VEHICLE - DRIVER INFORMATION				YOUR VEHICLE - OWNER INFORMATION			
DRIVER		SEX		OWNER		OWNER'S DATE OF BIRTH	SEX
STREET ADDRESS				STREET ADDRESS			DRIVER'S LICENSE NUMBER
CITY, STATE		ZIP CODE		CITY, STATE			ZIP CODE
DRIVER'S DATE OF BIRTH	DRIVER'S LICENSE NUMBER	STATE		VEHICLE MAKE/YEAR	TYPE OF VEHICLE	LICENSE PLATE NO.	STATE
							YEAR

OTHER INVOLVED PARTIES

OTHER VEHICLE - DRIVER INFORMATION				OTHER VEHICLE - OWNER INFORMATION			
DRIVER		SEX		OWNER		OWNER'S DATE OF BIRTH	SEX
STREET ADDRESS				STREET ADDRESS			DRIVER'S LICENSE NUMBER
CITY, STATE		ZIP CODE		CITY, STATE			ZIP CODE
DRIVER'S DATE OF BIRTH	DRIVER'S LICENSE NUMBER	STATE		VEHICLE MAKE/YEAR	TYPE OF VEHICLE	LICENSE PLATE NO.	STATE
							YEAR

OTHER VEHICLE - DRIVER INFORMATION				OTHER VEHICLE - OWNER INFORMATION			
DRIVER		SEX		OWNER		OWNER'S DATE OF BIRTH	SEX
STREET ADDRESS				STREET ADDRESS			DRIVER'S LICENSE NUMBER
CITY, STATE		ZIP CODE		CITY, STATE			ZIP CODE
DRIVER'S DATE OF BIRTH	DRIVER'S LICENSE NUMBER	STATE		VEHICLE MAKE/YEAR	TYPE OF VEHICLE	LICENSE PLATE NO.	STATE
							YEAR

OTHER VEHICLE - DRIVER INFORMATION				OTHER VEHICLE - OWNER INFORMATION			
DRIVER		SEX		OWNER		OWNER'S DATE OF BIRTH	SEX
STREET ADDRESS				STREET ADDRESS			DRIVER'S LICENSE NUMBER
CITY, STATE		ZIP CODE		CITY, STATE			ZIP CODE
DRIVER'S DATE OF BIRTH	DRIVER'S LICENSE NUMBER	STATE		VEHICLE MAKE/YEAR	TYPE OF VEHICLE	LICENSE PLATE NO.	STATE
							YEAR

COMPLETE REVERSE SIDE

MISSOURI MOTOR VEHICLE ACCIDENT REPORT FORM AND INSTRUCTIONS

FILE THIS REPORT IF:

1. The accident happened in Missouri.
2. One year has not passed since the accident happened.
3. An uninsured motorist was involved in the accident.

AND

4. There is damage to any one person's property in excess of \$500; or there was personal injury or death.

FILING A REPORT:

1. Fill in all blanks on the attached report, if possible.
2. Sign the report.
3. Attach any of the following reports that pertain to this accident.
 - A. Estimate of repair cost for vehicle or other property.
 1. Estimate must be itemized.
 2. Estimate must be signed by the person making the damage appraisal.
 - B. Physician's report.
 1. Physician's report must give a detailed explanation of the type and extent of injury.
 2. Physician's report must be signed by the physician.
 - C. Death certificate or copy of police report which explains details of accident fatality.

**** GENERAL INFORMATION ****

- * It is the responsibility of the operator, not the state, to bring an action at law on the claim of the operator arising out of the accident.
- * The security deposited shall only be applied to the payment of a judgment against the person or persons on whose behalf the deposit was made.
- * The Department of Revenue shall return the deposit to the depositor after the expiration of one year from the date of the accident, or as otherwise provided in Missouri Revised Statute, Section 303.060.